

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90041 030 ****61.25

DOCUMENT # N31126

1. Entity Name

TALLAHASSEE DIETETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2339 WEDNESDAY STREET
TALLAHASSEE FL 32308**

**2339 WEDNESDAY STREET
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3032000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAPELL, CHRISTINE A
2339 WEDNESDAY STREET
TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **HALL, DENISE**
STREET ADDRESS **4461 LUMINOUS LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **PD** ☒ Change ☐ Addition
NAME **Laws, Suzanne**
STREET ADDRESS **7758 Deepwood Trail**
CITY-ST-ZIP **Tallahassee, Florida 32317**

TITLE **SD** ☒ Delete
NAME **KANE, RENEIF**
STREET ADDRESS **8125 BLUE QUILL TRL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **SD** ☒ Change ☐ Addition
NAME **Narlow, Kristen**
STREET ADDRESS **5717-Doonesbury-Way**
CITY-ST-ZIP **Tallahassee, Florida 32301**

TITLE **TD** ☐ Delete
NAME **AUGUSTINE, CLARA LOUISE**
STREET ADDRESS **4405 SHANNON LAKES WEST**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PEVD** ☒ Delete
NAME **HALL, DENISE**
STREET ADDRESS **P O BOX 15276**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE **PEVD** ☒ Change ☐ Addition
NAME **Gollob, Leslie**
STREET ADDRESS **1505 Hilltop Drive**
CITY-ST-ZIP **Tallahassee, Florida 32303**

TITLE **NCD** ☒ Delete
NAME **DORSEY, JODEE**
STREET ADDRESS **6086 MILLER LANDING**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **NCD** ☒ Change ☐ Addition
NAME **Magnuson, Amy**
STREET ADDRESS **10523 Blue Wing Court**
CITY-ST-ZIP **Tallahassee, Florida 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne J. Laws **Suzanne J. Laws** 02-12-02 (850) 656-3470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)